

**Consultant Physician Clinic**

Patient Name:- Anshu Boman  
Age / Sex :- 27 yof  
Chief Complaints:-

Nil

Drug / Food Allergy:- NKDA

Past History :-

Pneumonia

Family History:- Nil  
Systemic Examination:-

AKAD.

Provisional Diagnosis: Anemia

**OPR NO:**

Date: 11/3/23  
Weight:- 69.9kg  
Height:- 170cm  
BMI:-

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Pulse:- 92  
BP:- 140/90  
SpO2:- 99%

Investigation :-

Treatment and further advices:-  
(Write in Capital Letters)

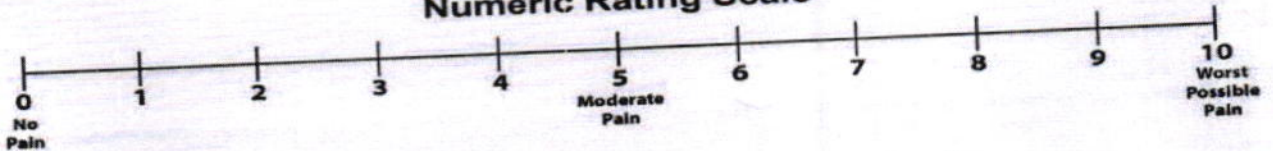
Rx - P. Luogen - 2 OD x 3 months.

Follow Up Date: 2022

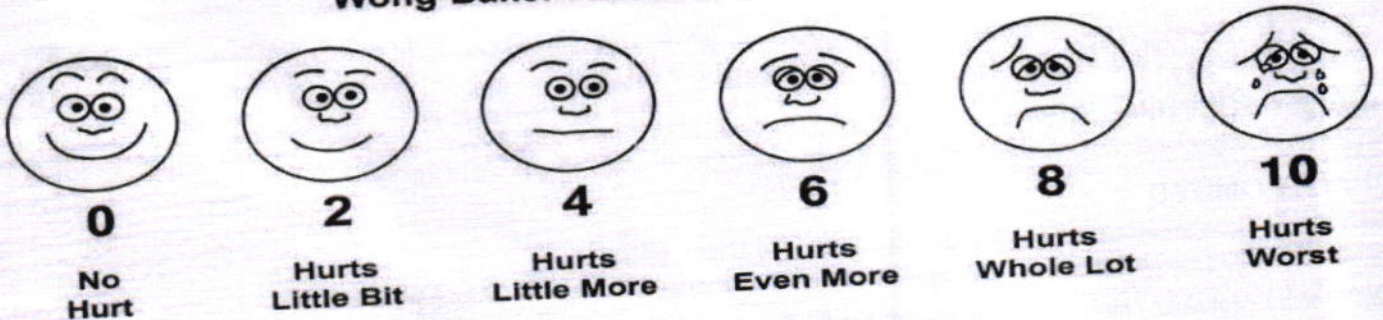
Dr  
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

### Numeric Rating Scale




### Wong-Baker FACES® Pain Rating Scale





Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.  
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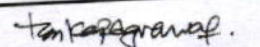
PID : SUR0000337388 OP-001 **REPORT STATUS : Interim** 

Patient Name : **Mrs. Anshu Burman** / Registered On : 11-Mar-2023 09:09 AM  
Lab ID : 303900765 Collected On : 11-Mar-2023 09:09 AM  
Gender/Age : Female / 27 Years DOB : 05-Aug-1995 Received On : 11-Mar-2023 09:50 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),  
Fluoride P, Urine

Parameter	Result	Unit	Biological Ref. Interval
<b>PLASMA GLUCOSE LEVEL</b>			
<b>FASTING PLASMA GLUCOSE</b>			
<b>Plasma Glucose (F)</b> <small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>	87	mg/dL	74 - 106
<b>Urine Sugar (F)</b> <small>Glucose-oxidase/oxidase reaction</small>	ABSENT	mg/dL	ABSENT
<b>POST PRANDIAL PLASMA GLUCOSE</b>			
<b>Plasma Glucose (PP)</b> <small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>	87	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
<b>Urine Sugar (PP)</b> <small>Glucose-oxidase/oxidase reaction</small>	ABSENT	mg/dL	ABSENT

----- End of Report -----

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**Dr Pankaj Agrawal**  
M.B., D.C.P  
Consulting Pathologist

Generated On : 11-Mar-2023 01:25 PM  
Approved On : 11-Mar-2023 01:24 PM



<b>Patient ID:</b>	<b>SUR 3080</b>	<b>Patient Name:</b>	<b>ANSHU BURMAN</b>
<b>Age:</b>	<b>27 Years</b>	<b>Sex:</b>	<b>F</b>
<b>Accession Number:</b>	<b>3080</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>11-Mar-2023</b>		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- No significant abnormality seen.

*Thanks for referral.*

**Dr. Nimit R Desai**  
Consultant Radiologist

**SHALBY HOSPITAL, SURAT**

(A Unit of Shalby Limited)

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India.

Ph. : 0261-7190000 | Email : info.surat@shalby.org.

**SHALBY LIMITED**

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Lab ID : 303900765 Collected On : 11-Mar-2023 09:09 AM  
Gender/Age : Female / 27 Years DOB : 05-Aug-1995 Received On : 11-Mar-2023 09:42 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	<b>9.2</b>	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	<b>3.78</b>	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	<b>31.2</b>	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	<b>82.5</b>	fL	83 - 101
MCH <i>Calculated</i>	<b>24.3</b>	pg	27 - 32
MCHC <i>Calculated</i>	<b>29.5</b>	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	<b>16.3</b>	%	11.6 - 14.0
<b>TOTAL LEUCOCYTE COUNT</b>			
Total WBC Count <i>Electrical Impedance</i>	6010	cells/cmm	4000 - 10000
<b>DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)</b>			
NEUTROPHILS <i>Flow Cytometry</i>	55	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	33	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	7	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2
<b>PLATELET INDICES</b>			
PLATELET COUNT <i>Electrical Impedance</i>	203000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	<b>13.2</b>	fL	7.5 - 12.0

### PERIPHERAL SMEAR EXAMINATION

RBCs

**Hypochromic microcytic with anisopoikilocytosis.**

WBCs

Total and differential leucocyte counts are within normal limit

PLATELETs

Adequate in number and normal in morphology.

MALARIAL PARASITE

Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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*Dr Pankaj Agrawal*

**Dr Pankaj Agrawal**

M.B., D.C.P  
Consulting Pathologist

Generated On : 11-Mar-2023 01:05 PM

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"A"

RH Type

POSITIVE

ESR 1st hour \*

21

mm in 1 hour 0 - 20

Modified Westergren Method

**HBA1C**

HbA1c - Glycated Haemoglobin \*

4.9

%

Boronate Affinity Assay

Non-diabetic: &lt;= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: &gt;= 6.5

Therapeutic goals for glycemic control

Age &gt; 19 years Goal of therapy:

&lt; 7.0 Action suggested: &gt; 8.0

Age &lt; 19 years Goal of therapy:

&lt;7.5

Estimated Average Glucose (eAG) (mg/dL) \* 94 mg/dL

Calculated

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Gender/Age : Female / 27 Years	DOB : 05-Aug-1995	Received On : 11-Mar-2023 09:50 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	140	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	93	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	65	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	75	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	56	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	19	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	0.9		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	2.2	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>RENAL FUNCTION TEST</b>			
<b>RENAL FUNCTION TEST</b>			
<b>Urea Nitrogen (BUN)</b>	5	mg/dL	7 - 17
<i>Urease, colorimetric</i>			
<b>UREA</b>	11	mg/dL	15 - 36
<i>Calculated</i>			
<b>S. CREATININE</b>	0.58	mg/dL	0.52 - 1.04
<i>Enzymatic - Creatinine amidohydrolase</i>			
<b>S. URIC ACID</b>	4.0	mg/dL	2.5 - 6.2
<i>Uricase/Peroxidase, Colorimetric</i>			
<b>Calcium</b>	8.6	mg/dL	8.4 - 10.2
<i>Arsenazo III dye</i>			
<b>S. PHOSPHORUS *</b>	2.9	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			
<b>Sodium</b>	140	mmol/L	137 - 145
<i>Direct Ion Selective Electrode</i>			
<b>S. POTASSIUM</b>	4.71	mmol/L	3.5 - 5.1
<i>Direct Ion Selective Electrode</i>			
<b>Chloride</b>	106	mmol/L	98 - 107
<i>Direct Ion Selective Electrode</i>			

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Gender/Age : Female / 27 Years	DOB : 05-Aug-1995	Received On : 11-Mar-2023 09:50 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	140	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	9.56	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	2.80	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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 Consulting Pathologist



Certificate No.: MC-5200

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Lab ID : 303900765		Collected On : 11-Mar-2023 09:09 AM
Gender/Age : Female / 27 Years	DOB : 05-Aug-1995	Received On : 11-Mar-2023 09:55 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	PALE YELLOW		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ $\mu$ L
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL
Glucose	<i>Glucose-oxidase/peroxidase reaction</i>	NIL	mg/dL
pH	<i>Double Indicator principle</i>	6.5	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.030	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	Trace (+/-)	WBCs/ $\mu$ L
<b>Microscopic Examination</b>			
Pus cells	10-12/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	PRESENT		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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Gender/Age : Female / 27 Years	DOB : 05-Aug-1995	Received On : 11-Mar-2023 09:50 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Liver Function Test</b>			
<b>Liver Function Test</b>			
<b>SGPT (ALT)</b> <i>Multi Point Rate with P-5-P</i>	19	U/L	9 - 52
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	21	U/L	14 - 36
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	88	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	15	U/L	12 - 43
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.3	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.1	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.2	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.3	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.5	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0. 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0  Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.4	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>BILIRUBIN DIRECT</b> <i>Calculated</i>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

----- End of Report -----

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 M.B., D.C.P  
 Consulting Pathologist

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Patient Name: ANSHU BURMAN	
Age / Sex: 27Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 11/03/2023

**ULTRASOUND OF ABDOMEN AND PELVIS (TAS)**

**Liver** is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.  
**Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

**Pancreas** appears normal in size and echotexture.

**Spleen** is mildly enlarged in size and appearance. No focal lesion seen.

**Right kidney** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Uterus** appears normal in size. The uterine myometrial echotexture is homogenous. No focal lesion is seen.

There is no evidence of any ovarian or adnexal mass lesion.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- Mild splenomegaly.
- No other significant abnormality detected.

Thanks for referrals.

  
Dr. Nimit R Desai  
Consultant Radiologist

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CIN : L85110GJ2004PLC044667

Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

**DR. HIMANI THAKER (VYAS)**  
M.S (Gynec)  
Consultant Obstetrician & Gynecologist  
Laparoscopic Surgeon  
Infertility Specialist  
Email-ID:- thaker.himani@gmail.com  
Register No. G-31062

Age - 27 yrs

**Shalby Women's Health Clinic**

Name:- Anshu  
Chief Complaints:-

Date: 11/3/23  
Weight:-  
Height:-  
OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

planning preg  
M/H:-  
O/H:-  
Pamp - 3-4 days then  
~~2-2~~  
3-22  
Clo - oil

LMP:- 11/2/23  
NK  
before 10 days

P/H:-  
F/H  
Examination:-  
O/A -  
nulligravida

Provisional Diagnosis:-  
PIA - sep  
Pls - Co healthy

PAP smear  
taken

Treatment & Further Advices:-  
(Write in Capital Letters)

Investigaion Advised:-

Rx

- TAB FOLMITE ACTIVE - (30)

0-1-0

- TAB UPRISE<sub>3</sub> - (4)

once wkly  
(every sat)

*[Handwritten signature]*

Follow Up:

Date: \_\_\_\_\_

Incase of emergency Please report to Emergery Department of Hospital OR Call:- 0261-7190000 / 9512660096

### Numeric Rating Scale



### Wong-Baker **FACES**® Pain Rating Scale



0

No Hurt



2

Hurts Little Bit



4

Hurts Little More



6

Hurts Even More



8

Hurts Whole Lot



10

Hurts Worst

Pre - op

Post-op

Health Check-up

Date : 11/03/23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Anshu Buzumern

Age / Sex : 27/F

Address : Surat

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : sterin +

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sittings  1  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : 36 Class V Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_ Extraction : 46 (R.S.)

Dentures : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_ Crown & Bridge Present : 36

Crown / Bridge Replacement :		
Advised Crown / Bridge :		
Advised X - Ray / O.P.G. :		
Patient Name: <u>Harshini V. Shah</u>		Date: <u>21/05/22</u>
Age / Sex: <u>37 / F</u>		Address: <u>Chinchwad</u>

**Some Golden Rules :**

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in a well maintained,

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

abw.

- scaling
- Restoration of 36 = FC
- Extraction of 46

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)



Patient's Name: Mrs. Anshu Burman

Age: 27 yrs/ Female

Date: 11 / 03 / 2023

**ECHOCARDIOGRAPHY REPORT**

**Valves**

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

**Chambers**

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:19

Left Ventricle: **Normal size cardiac chambers**, No Regional wall Motion abnormality.  
Normal LV systolic function  
with Ejection Fraction 60 %.  
**Normal Diastolic Flow Pattern.**

**Septae**

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:14 mm with more than 50% collapsibility.

**OTHER FINDINGS : Bilateral lung angle clear**

**CONCLUSION:**

- Normal LV Systolic function
- No RWMA
- EF 60 %



**DR.SUSHIL YADAV**  
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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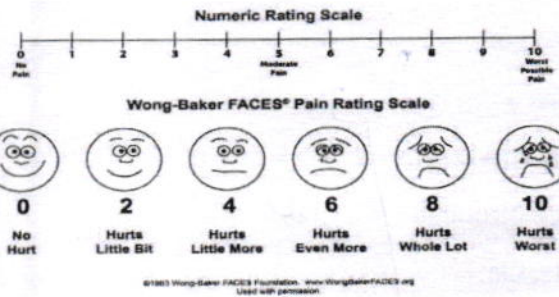
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- Anshu Burman

Date:- 11/3/23

Chief Complaints:-

M/C



Pain Assessment:-

Past History:-

ROAD -

Family History:-

Allergy:-

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

P:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- 2/20

PH Vision:-

NCT 15 mm of Hg

ON Examination Ant. Segmenet

Both Eye

WNL -

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Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

RAW

Signature of the Consultant

ID:

Name:

years

Birth date:

mmHg

kg

Sex:

cm

cm

Medication:

Symptoms:

History:

Heart rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

94 bpm

122 ms

72 ms

350/402 ms

67/ 71/ 52 °

2.02/ 1.30 mV

3.32 mV

Anshu

Unconfirmed Report  
Reviewed by:

Ⓡ  
11/3/23

10 mm/mV

Filter: H50 d 35 Hz

10 mm/mV 25 mm/s

